

Taxpayer Information

SSN# _____ DOB _____ Name _____

Occupation _____ Dependent of someone else? _____ Blind? _____ Disabled? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Cell Phone Carrier _____ (for txt msg) Email _____

Drivers License/State ID# _____ Date issued _____ Date Expired _____

Spouse Information

SSN# _____ DOB _____ Name _____

Occupation _____ Dependent of someone else? _____ Blind? _____ Disabled? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Drivers License/State ID# _____ Date issued _____ Date Expired _____

Address

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Filing Status

1. Single (not married with no dependents, or have dependents but do not pay 50% of bills)
2. Married filing jointly (if you are married, you must file married filing separate or joint)
3. Married filing separately (both spouses MUST list this status and neither can be SINGLE or HOH)
4. Head of Household (means you are not married, have dependents, pay more than 50% of household bills)
5. Widower (spouse must have died during the year of which you are filing)

Direct Deposit for your refund?

Bank Name _____ Routing # _____ Account # _____

Dependent Information ** if more than 3, continue on back of sheet*

| Name | DOB | Social Security # | Relationship | Disabled? | Student? | Months in home 2018 |
|------|-----|-------------------|--------------|-----------|----------|---------------------|
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|--|----|---|-----|
| Health Expenses: | | Student Expenses: | |
| Health Insurance Premiums Total | \$ | College Tuition/Books/Materials | \$ |
| Out of pocket medical payments | \$ | Student loan interest | \$ |
| Out of pocket vision & dental payments | \$ | Charitable Donations: | |
| Hospital, lab, radiology etc | \$ | Church/Charitable Donations *cash/check | |
| Medical miles driven | | Noncash charitable Donations, Value | |
| Prescription Drugs Copay | \$ | Charitable Miles Driven | \$ |
| Home medical equipment | \$ | Tax Credits | |
| Long Term Care Premiums | \$ | IRA Contribution | \$ |
| Taxes & Mortgage: | | Casualty or Theft Loss | \$ |
| Real Estate Tax | \$ | Moving Expense | |
| Vehicle Tax | \$ | Child or Dependent Daycare | \$ |
| Boat, RV, Mobile Home Tax | \$ | Residential Energy Credits | \$ |
| Mortgage Interest | \$ | Educator Expense | \$ |
| Mortgage Insurance (not homeowner's) | \$ | Other | |
| Mortgage Points | \$ | First Time Homebuyer Repayment | Y/N |
| Sales Tax Paid New Vehicle/Boat/RV | \$ | Last year's state tax refund | \$ |
| | | | |

Health Insurance Type

- Medicare/Medicaid? _____ yes or no
- Marketplace (Obamacare?) _____ yes or no
- Employer Provided? _____ yes or no
- Private Insurance? _____ yes or no

NO Health Insurance for all or part of the year

4. If you and your household listed on the return have Employer or Private Insurance for **part** of the year, or **NONE AT ALL**: please provide the following information:

List each person in your household including yourself and check each month you **DID NOT** have health insurance:

| Name | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
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Taxpayer Signature _____ **Date** _____

Under penalty of perjury, I declare all information listed above is true and correct to the best of my knowledge. I understand it is my responsibility to report accurate figures and information to my tax preparer and I further assume all responsibility if any information I provide to my preparer is incomplete or incorrect. I understand that I must keep a copy of my tax return and all supporting documents used to prepare my return for a minimum of 3 years.

Brinson's Tax Service

Engagement Agreement

I agree to thoroughly inspect my tax returns and corresponding schedules and I agree with all figures reported on my return to be true and correct to the best of my knowledge.

I understand that if upon further inspection, if there is something that I do not understand on my return or agree with; it is my responsibility to notify my preparer or return to the office for further explanation and/or necessary corrections. I understand it is my responsibility to make sure corrections are made if in fact, an error or omission has occurred. I understand that if my return contains an error or omission which is later discovered by the government, it is my responsibility to pay the adjusted tax, penalty, interest and other fees assessed by the government.

Upon completion, a full copy of my tax returns will be given to me and it is understood that if I need additional copies, a \$25 fee will be charged. I also understand that if I need to make a change to my tax return once this return has been filed, a \$45 amendment fee will be charged.

I understand that I am paying to have my income tax returns prepared on my behalf regardless if I am due or receive an income tax refund. I understand the fees charged to prepare my income tax return do not include any fee in regards to the amount of time it takes for the government to issue the refund, if any. If I am having my tax prep fees withheld from my refund, and my refund is not issued due to a prior debt placed against me, or audit; that my tax prep fee has not been paid and is still owed to Brinson's Tax Service.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____

Date _____

HOME OFFICE WORKSHEET Self-Employed Only

*** only for home office exclusively used for business and no other purpose ***

TOTAL SQUARE FOOTAGE OF HOME _____

SQUARE FOOTAGE OF AREA USED EXCLUSIVELY FOR BUSINESS ACTIVITY _____

Type of Business Activity _____

| | |
|--|----|
| Casualty Losses | \$ |
| Mortgage Interest | \$ |
| Property Tax | \$ |
| Rent | \$ |
| Repairs and Maintenance | \$ |
| Utilities | \$ |
| Other Expenses | \$ |
| Fair Market Value of Home | \$ |
| Basis of Land | \$ |
| Basis of Building | \$ |
| Business expenses not from use of home | \$ |
| Carryover from losses from prior year | \$ |

PREPARER USE ONLY: INDICATE WHICH EXPENSE IS DIRECT OR INDIRECT (I) (D)

Under penalty of perjury, I declare the above figures are correct and were related to exclusive use of a room/area of my home residence in relation to business activity performed by myself or my spouse for the current tax year in which this expense was incurred.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____